

Enrollment Form

OK TOTUS TUUS 2015

July 11th - 18th

Participant(s) reside(s) with (check all that applies): Mother Father Guardian

Custodial Parent/Legal Guardian's Name: _____

Address: _____ City/State: _____ Zip: _____

Phone (H): (____) _____ (W) (____) _____ (C) (____) _____

Email: _____

Children being enrolled in TOTUS TUUS and their grade level for the **2015-2016** school year:

NAME	GRADE	MEDICAL INFO TO BE AWARE OF
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL EMERGENCY CONTACT: Name and phone number of an adult to reach in case of emergency in the event that you cannot be reached at the numbers above.

Emergency Contact: _____ Relationship: _____

Home Telephone: (____) _____ Work (____) _____ Cell (____) _____

2nd Emergency Contact: _____ Relationship: _____

Home Telephone: (____) _____ Work (____) _____ Cell (____) _____

PERMISSION TO PUBLISH: In an attempt to share information concerning the outstanding accomplishments of our youth, we will write articles and provide pictures for publication in various media, including, but not limited to, the Totus Tuus and arch/diocesan Internet websites, and the *Eastern Oklahoma Catholic/Oklahoma Sooner Catholic*. To include your child and his/her work in this publicity, we must have your written permission. You have the right to revoke permission at any time.

Please Check Below:

- I grant permission to the Diocese of Tulsa/Archdiocese of Oklahoma City and Totus Tuus to use pictures of my child/children in positive media presentations.
- I DO NOT grant permission to the Diocese of Tulsa/Archdiocese of Oklahoma City and Totus Tuus to use the pictures my child/children in positive media presentations.

Signature of Custodial Parent/Guardian

Date